

Date \_\_\_\_\_

### REQUEST FOR A HEARING

**Customer is: (check one)**

- Applicant of Benefits**
- Recipient of Benefits**
- Other**

- I want my benefits to be reduced or cut off while I wait for my hearing decision, even though I am eligible to keep them the same while my hearing is pending.
- If allowed, I want my benefits to stay the same while I wait for my hearing decision.  
I know that I may need to repay my benefits if I do not attend or lose the hearing.

I want a hearing because I disagree with the action taken concerning:

- |   |   |
|---|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)             | <input type="checkbox"/> DC Health Families/Medicaid                      |
| <input type="checkbox"/> General Public Assistance for Children (GC)                | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Interim Disability Assistance (IDA)                        | <input type="checkbox"/> Expedited SNAP                                   |
| <input type="checkbox"/> Benefits Related to Work<br>Program (Please Specify) _____ | <input type="checkbox"/> Burial Assistance                                |
| <input type="checkbox"/> Other (Please Specify) _____                               | <input type="checkbox"/> Refugee Cash and/or Medical Assistance           |
| <input type="checkbox"/> Health Benefit Exchange Program (Please Specify) _____     | <input type="checkbox"/> Rental Vendor Payment                            |

Reasons/Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use back of this page or additional page if you need more space)

What do you want done to fix this problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I need an Interpreter  Yes  No LANGUAGE \_\_\_\_\_  
I am homebound  Yes  No

CUSTOMER INFORMATION Relationship to Customer  Self  Other

|               |                     |
|---------------|---------------------|
| Name _____    | Telephone No. _____ |
| Address _____ | Fax No. _____       |
| _____         | ESA Case No. _____  |

REPRESENTATIVE/LAWYER INFORMATION

|                     |               |
|---------------------|---------------|
| Name _____          | Bar No. _____ |
| Business Name _____ | Address _____ |
| Telephone No. _____ | _____         |

AGENCY INFORMATION

|   |                                 |
|---|---------------------------------|
| Case Name _____   | Case Worker _____               |
| Center _____  | Telephone No. _____             |
| Supervisor _____  | Fax No. _____                   |
| Request Received: <input type="checkbox"/> In Person from Customer <input type="checkbox"/> Telephone <input type="checkbox"/> Agency Assisted or Prepared (If yes, please list preparer) |                                 |
| <input type="checkbox"/> From Representative <input type="checkbox"/> Fax   |                                 |
| <input type="checkbox"/> Email  | _____ Agency Assistant/Preparer |